New England Deaconess Hospital

pulse

185 Pilgrim Road, Boston, Massachusetts

July-August 1984

Deaconess residents learn more than medicine

"Our goal is to provide training of the highest quality" — George Eliopoulos, M.D.

Many professions require that members have years of specialized schooling or training. Lawyers attend four years of college and three years of law school, and then often have some type of clerkship. Career athletes endure years of rigorous training to condition muscles and perfect skills. And physicians must complete four years of pre-medical undergraduate study, three to four years in medical school, and at least three years in a residency training program. What purpose does all of this training serve?

Says George Eliopoulos, M.D., assistant to the chairman of the Department of Medicine and director of the Deaconess Residency Training Program in Internal Medicine, "Of course, the central purpose of any residency program is to teach residents how to apply the basic concepts learned in medical school to the actual care of patients. Our goal is to provide training of the highest quality, not only for the sake of our residents and their future careers, but also to enable us to provide on an around-the-clock basis physicians who can deliver the best medical care to our patients."

As a teaching hospital of the Harvard Medical School, the Deaconess offers residency training in a number of specialties. Programs in surgery, anatomic and clinical pathology, radiation therapy, and radiology are well respected for academic and clinical excellence. The program in internal medicine is the largest at the Deaconess, with an annual average of 75 resident positions.

The Deaconess Residency Training Program in Internal Medicine is a rigorous, three-year effort. House of-

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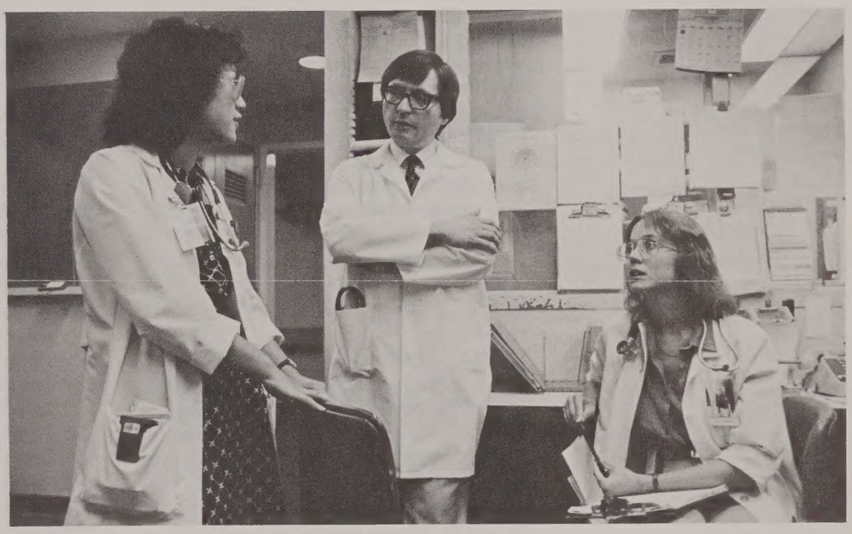
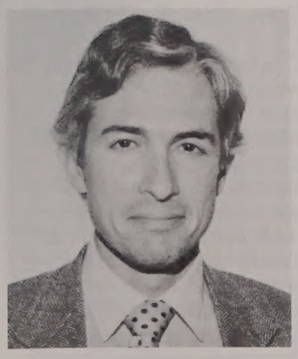


George Eliopoulos, M.D., director of the Deaconess Residency Training Program in Internal Medicine, discusses patient care with residents Joyce Jen, M.D., (left) and Anne Buchinski, M.D., during attending rounds.

Marton to head general medicine



Keith Marton, M.D., appointed chief of the division of general medicine.

Keith I. Marton, M.D., joined the Deaconess medical staff on July 1 as chief of the general medicine division in the Department of Medicine. Albert I. DeFriez, M.D., who has been chief of primary care medicine since 1976, begins a new appointment as advisor to the chairman for junior and senior medical staff affairs.

"I'm very excited about coming to the Deaconess," says Marton. "It is a place with a lot of growth and activity, where people are doing very interesting work." Marton also has been appointed assistant professor of Medicine at Harvard Medical School.

"Dr. Marton has a broad background in the practice of general internal medicine as well as in teaching, research, and administration," says Robert C. Moellering Jr., M.D., chairman of the Department of Medicine. "I think he'll be a major addition to the staff, with the leadership to build on the strong foundation provided by Dr. DeFriez."

In his new position, DeFriez will be involved in a variety of special projects related to the training of interns and residents and the practice of internal medicine. "The fact that we are now able to create an expanded division of general medicine," says Mollering, "is due to the pioneering efforts of Dr. DeFriez."

Marton was previously assistant chief of the medical service at the Veteran's Administration Medical Center in Palo Alto, California. He was also assistant professor of Medicine at Stanford University. His major research interests include the efficacy of diagnostic tests, evaluation of medical technology, and cost containment in medicine.

A graduate of Stanford University and the Stanford Medical School, Marton served his internship and medical residency at Yale-New Haven Hospital in New Haven, Connecticut. He returned to Stanford for his senior residency and was then appointed chief medical resident. Marton also held a fellowship in medicine and was Robert Wood Johnson Clinical Scholar at Stanford.

Residents

(continued from page 1)

"As an intern you have a unique opportunity to be the direct care provider" — Joyce Jen, M.D.

ficers work as a team to deliver patient care, with increasing supervisory responsibility in the second and third years. Residents must participate in attending rounds each week, and they have an opportunity to discuss interesting cases each day with the physician-in-chief or the ward visit [see glossary below].

During the first year of study, interns deliver direct care to ward patients, becoming the primary doctor patients ask for if there is a problem to be solved or a question to be answered.

Joyce Jen, M.D., entering her second year of residency, says, "As an intern, you have a unique opportunity to be the direct care provider. It's very different from being a medical student where you're quite peripheral to someone's care. It's something that's new, different, exciting, and rewarding — despite the long hours and frustrations."

An intern's long hours consist of a workday which begins at 7 a.m. and can last until 7 or 8 p.m. During the morning interns attend Intern's Report, where cases are presented and discussed; participate in work rounds; write orders and progress notes; and go to attending rounds. Afternoons are spent admitting new patients to the hospital, including taking a detailed history, performing a careful physical examination, and formulating patient care plans. In addition, interns must devote time to the other patients in their units, performing diagnostic procedures, reviewing laboratory tests, and discussing care plans with the attending physician.

"But," says Jen, "our schedule isn't that organized. This is a human being-related job, and as a result nothing is ever automatic or routine. Every day there is some problem that a patient has that you have to deal with."

An intern's day doesn't always end at 7 or 8, either. Interns must be on-call every third or fourth night, sometimes covering two inpatient units at a time.

Jen says, "There are excellent reasons for being on-call. It gives a great opportunity to assess a patient independently and come to an impression or plan. During the day you are not often given a chance to do that. It allows you a certain responsibility that's a very important part of learning."

Interns have rotating assignments on general medical floors, the Coronary and Postcoronary Care Units, the Triage Unit, and in the cluster areas of oncology, neurology, and pulmonary medicine. Six-week rotations also are provided to the Veterans Administration (VA) Hospital in Manchester, New Hampshire, and the Lahey Clinic Medical Center in Burlington, Massachusetts. For interns with a particular interest in primary care medicine, assignments are offered at the West Roxbury VA Hospital and the Chelsea-Massachusetts General Hospital outpatient clinic.

"Working outside the Deaconess gives residents an added benefit," Eliopoulos says. "Patients who come to the Deaconess are frequently of two types: those with well-defined medical problems, and those with very complex or enigmatic medical problems. Rotating to other hospitals gives residents an opportunity to encounter patients with medical problems complementary to those seen at the Deaconess. Many have common illnesses which are not often referred to a tertiary care center, and some have serious illnesses which have not previously been brought to medical attention. This type of exposure gives residents a taste of what medicine in the community is like."

Rotations continue in the second year of training, with residents gaining more exposure to outpatient and emergency medicine at the Lahey Clinic and the Cambridge City Hospital. Second year residents also act as advisors and teachers for interns, often researching answers to questions interns might have concerning a particular patient. There is also elective time in the second year which may be spent in any department or clinical subspecialty.

Chris Clyne, M.D., a resident entering his second year, says, "As an intern, reading is a real luxury, but as a second year resident you go to the library and read all about the cases interns are working on. You really get to understand the whole disease process and treatment and to learn all about what you're doing. It's very satisfying and rewarding."

The advisory role increases during the third year, with the resident serving as counselor on the intensive care oriented units. There is more time for rotation in all subspecialties and in ambulatory medicine. During the third year, residents are required to present two one-hour teaching conferences to fellow house officers and medical staff.

The second largest medical residency training program in Boston, the Deaconess program changes to meet the needs of medical education and the needs of the hospital's patient population. A new Chief Resident's Clinic was established two years ago. This outpatient clinic provides an avenue for residents to take increased responsibility in the care of patients who have no medical attending physician.

Recently a program was begun for the care of medically ill psychiatric patients. Each year, a handful of interns complete a one-year internship in internal medicine prior to beginning a three-year residency program in psychiatry. During this first year, interns rotate through the Baker 4 psychiatric unit, where they provide coordinated psychiatric and medical care to hospitalized patients.

Eliopoulos says, "The goal of this psychiatric unit is to provide a service that's unique in Boston. Patients with severe psychiatric illnesses, who also need close medical attention, can be hospitalized here. I think it's a novel program."

In balancing the needs of residents to learn, and the need of patients to be cared for, the Deaconess residency program is building a growing reputation for excellence. This year, there were 600 applications for only 30 intern positions, and the acceptance process is competitive.

Clyne says, "I chose to do my training at the Deaconess because it has a reputation — especially through the eyes of the people who have worked here — of being a program that is rapidly growing and becoming recognized for its excellent care. There is an opinion here that we're going places and we're all a part of that, and that's a nice feeling."

Glossary

Attending Rounds: Sessions held several times each week in which interns and residents present different or interesting patient cases to the attending physician. Various diagnostic and therapeutic possibilities are discussed and used as a focus for teaching.
House Officers: A hospital's interns and residents.
Intern: A resident in the first year of training.
Intern's Report: Interns from each unit meet together with the Physician-in-Chief or his designate each morning to discuss instructive cases of patients recently admitted.
Resident: A medical school graduate in training in a hospital residency training program in a specialty or subspecialty such as medicine, surgery, radiology, etc.
Rotation: A period of time — usually four to six weeks — in which a resident is assigned to a specific patient care area within the hospital, or at one of the teaching programs in an affiliated hospital.
Work Rounds: Interns and residents assigned to each unit visit the patients on that unit every morning, monitoring patient progress.
Ward Visit or Attending Physician: A member of the medical staff selected to work with interns and residents in a particular unit for three to four weeks; conducts attending rounds and acts as advisor and counselor.

Employees honored for loyalty, service

"Just look around this room; you'll see the greatest bunch of people I've ever seen," said Richard Lee, director of the hospital, to employees attending the 29th annual service awards dinner. This year's dinner, held May 10 at the Sheraton-Boston Hotel, was the largest ever. More than 550 employees attended out of the approximately 1,000 eligible employees with 5 years of service or more.

Raymond Dix (left), who retired in January, receives his Award of Merit for 30 years of service from Richard Lee, hospital director.

Marvin G. Schorr, chairman of the Board of Trustees, introduced a videotape on the hospital's liver transplant program, saying that "the story behind the story" of transplants is the teamwork of employees throughout the hospital that makes such procedures possible.

The long service, loyalty, and low turnover of Deaconess employees are "the envy of other Massachusetts hospitals," said Laurens MacLure, president. MacLure also read a letter he received from the brother of a patient, citing the "personal touch and caring" of Deaconess employees.

Awards of merit were presented to employees celebrating 25 or more years of service. Receiving awards were Janie Chapman, School of Nursing (retired), 35 years; Raymond Dix, Materials Management (retired), 30 years; George Carrington, Central Processing, 25 years; William Flatley, Booking, 25 years; Karen George, Nursing, 25 years; and Ruth Dziadul, Research Administration, 25 years. Award of merit recipients who were not able to attend the dinner were James Halligan, Laundry, 35 years; Johanna Dwyer, Nursing (retired), 30 years; Erminie Smith, Patient Service, 30 years; and Harry Bailey, M.D., Diagnostic Radiology, 25 years.

Janie Chapman (left), formerly assistant director of the School of Nursing (SON), is congratulated on her 35 years of service to the Deaconess by (left to right) Bill Sheehan; Mary Sheehan, SON instructor; and Marcella Malay, SON instructor.

Gallon blood donors number 369

"A one-gallon blood donation represents the amount of blood used in an open heart procedure or a total hip replacement," said surgeon (and blood donor) Albert Bothe, M.D., at the NEDH Blood Bank's 10th Annual Gallon Donor Party held on May 17.

Speaking to some of the 369 hospital employees and members of the community each of whose blood donations total one gallon (8 donations) or more, Bothe noted that more than 1,000 Deaconess employees, representing all departments, are blood donors.

Merle Legg, M.D., chairman of the Department of Pathology, thanked all donors for their generosity, and cited the skill of the Blood Bank staff who "provide sophisticated support for our patients by getting a great deal of mileage out of every unit of blood."

"The Deaconess is the largest freestanding, hospital-based collector of blood in Boston," said Walter Dzik, M.D., medical director of the Blood Bank. He added that the program would not be so successful without the dedicated efforts of Andrea Trachtenberg, blood donor recruiter.

The 166 donors who became members of the Gallon Donor Club during the past year received certificates, and those giving three or more gallons were presented with gifts in appreciation of their donations. Employees honored for extraordinary donations included six-gallon donors Robert Kitchin, Building Services, and Michael Tracy, Vascular Lab; and five-gallon donors Patricia Henry, Pathology; Richard Lewis, Mail Room; and Patricia Rossetti, Respiratory Therapy.

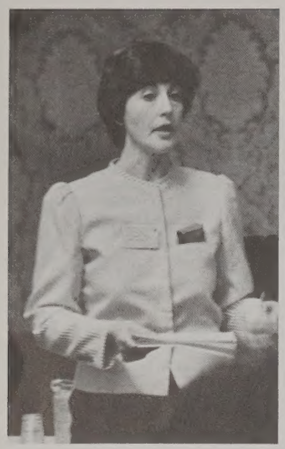
To learn more about the NEDH blood donor program, call Andrea Trachtenberg, extension 2-9085.

Blood donor recruiter Andrea Trachtenberg (left) and volunteer Florence Weiner display the new t-shirt given to donors in the NEDH Blood Bank.

NEDH in the news

Deaconess personnel in the news during the past several months include:

- Beth Cronin, R.D., M.S., discussed diabetes and nutrition as a guest on WUMB radio's "As Young As You Feel" program for the elderly.
- Peter Dragonas, M.D., gynecologist, appeared on "People Are Talking" on WBZ-TV to discuss infertility.
- Jerome Groopman, M.D., was interviewed by Channels 4 and 5 for his work in research and treatment of AIDS.
- Roger Jenkins, M.D., and Albert Bothe, M.D., transplant surgeons; James Gessner, M.D., anesthesiologist; and William McDermott Jr., M.D., chairman of Surgery participated in a press conference held on Easter Sunday. The subject was Deaconess patient Marva Bergeron's liver transplant operation. This item was the lead story on all local TV news broadcasts over the Easter holiday weekend.
- Jenkins also participated in a Children's Hospital press conference attended by three major Boston TV stations and several radio stations; he headed the team that harvested a liver for a 15-month-old patient.
- Steven Shama, M.D., dermatologist, was a guest on Dr. Harry Sobel's talk show on WRKO radio.
- Albert Sheffer, M.D., allergist, discussed exercise-induced anaphylaxis for Cable News Network's daily medical update; he also was interviewed on springtime pollen allergies for WMJX radio news broadcasts.
- Ronald Silvestri, M.D., and two patients were interviewed by WCVB-TV consumer reporter Paula Lyons on the subject of nicotine chewing gum to help patients stop smoking.



Sherry Smith-Ossman, R.N., Joslin renal nurse specialist, discusses insulin pumps for improved management of diabetes at "The Boston Connection: A Nephrology Update."

Symposium looks at diabetic renal disease

More than 150 nurses and other health care professionals from across the country attended "The Boston Connection: A Nephrology Update," a symposium sponsored by NEDH Nursing Staff Education, the Deaconess-Harvard Transplantation Associates, and Joslin Diabetes Center on April 27 and 28. Many aspects of caring for patients with diabetes-related renal disease were discussed by a faculty composed primarily of nurses and physicians from the Deaconess and Joslin.

According to renal nurse Pat Conway, R.N., the program was targeted to the experienced practitioner who is familiar with dialysis but may want more information on how to care for the diabetic patient. "Ann Hurley [nursing care coordinator for the diabetes and renal units] suggested the program two years ago," Conway says. "We have a lot to offer in this area and wanted to share our experience with others.

"Treating diabetes and its complications is an everyday job to us," says Conway. "Where 25 percent of the dialysis done nationwide is diabetes-related, 95 percent of Deaconess dialysis patients are diabetic, as are 50 percent of our kidney transplant recipients."

The conference was coordinated by Conway, Hurley, and Suzanne Holloran, R.N., coordinator of nursing staff education. It covered a broad range of subjects including diabetes, its treatment, and complications; renal failure and the various types of dialysis; the current status of liver, kidney, and pancreatic transplantation; and the personal and social aspects of diabetes and renal disease.

"One of our motivations for developing this program," says Holloran, "was to highlight the diverse professional resources at NEDH. We particularly wanted to recognize the valuable contributions of many of our nurses."

"We have been receiving very positive evaluations from the participants," says Conway. "We really appreciate the support of the Joslin people, the Deaconess-Harvard Transplant Associates, and everyone at Deaconess who helped make the program a success."

School of Nursing celebrates 86th graduation

The New England Deaconess Hospital School of Nursing celebrated its 86th graduation and commencement exercises June 7. Pinning and baccalaureate ceremonies for the class of 1984 were held in the afternoon at Boston University's Marsh Chapel. Sister Laetitia A. Campbell, O.P., associate director of field education at St. John's Seminary in Boston, was the baccalaureate speaker. Graduation exercises were held in the evening at the Temple Israel in Boston.

The Reverend Guy Steele, director of pastoral care, delivered the invocation. A greeting from the medical staff was read by Roger L. Jenkins, M.D., director of the Deaconess liver transplantation unit, who had been chosen to speak by the members of the graduating class. "This night brings with it relief from note-taking and cramming for tests," Jenkins said, "but it also brings a new surge of independence, for no longer are there any bounds to where you can progress. I hope you remember this night for as long as you live, for at this time in your life — like no other before — the world will be what you make it."

In her address to the graduating class, Jeanne Driscoll, R.N., M.S., clinical nurse specialist in postpartum mental health at Brigham and Women's Hospital, said, "The key elements of nursing are abstract; they are not readily available for concrete data collection. Nursing is caring for people in sickness and in health, and caring is making a patient feel that he or she is the most important person in the world." Driscoll advised the graduates to become involved in professional nursing organizations; to continue learning; to challenge the status quo and take risks; and especially, to learn to listen and laugh.

"Caring is making a patient feel that he or she is the most important person in the world" — Jeanne Driscoll, R.N., M.S.

Mary Ellen Gorman adjusts a classmate's pin at the baccalaureate and pinning ceremony for the class of 1984.

Carol McKenna, one of two seniors graduating with highest honors, read the message from the graduating class. McKenna said, "Tonight we celebrate each other. We celebrate the relationships that have sustained us here." McKenna recalled for the graduates the frustrations and the fun, and spoke about the many friendships that had been formed. The work was hard and the hours were long, she said, but they were well worth it: "It has been said that when love and skill work together, expect a masterpiece. Well here we are — the class of 1984. Not suitable for framing perhaps, but a work of art nonetheless."

Marvin G. Schorr, chairman of the Board of Trustees, and Ellen D. Howland, R.N., director of Nursing, presented the diplomas to the 49 graduates. The Alumnae Association Scholarship — given to a student who is pursuing further education in nursing — was awarded to Rhonda Grealish by Susan Koegler, president of the Alumnae Association. Mary Eliza McDaniel, president of the Friends of the Deaconess, presented Howland with a check for $16,027, to be used as a tuition scholarship for an incoming student.

Following graduation ceremonies, a reception was held in Rabb Cahners Hall at the Temple Israel for families and friends.

Laurel Gustin receives her diploma from Marvin G. Schorr, chairman of the Board of Trustees.

Four observe 20-year anniversaries

Service award pins were given to 89 NEDH employees on April 27. Among them were four employees observing 20-year service anniversaries.

James Burrows has worked in Building Services throughout his 20 years. He currently operates the automatic scrubbing and buffing machines that help keep the floors clean in the corridors of the Palmer Building. Previously his work included cleaning and maintenance of carpeting in the halls of the Farr Building. "This is one of the best hospitals to work at," he says. "I'm very satisfied. We've got a great bunch of people in our department."

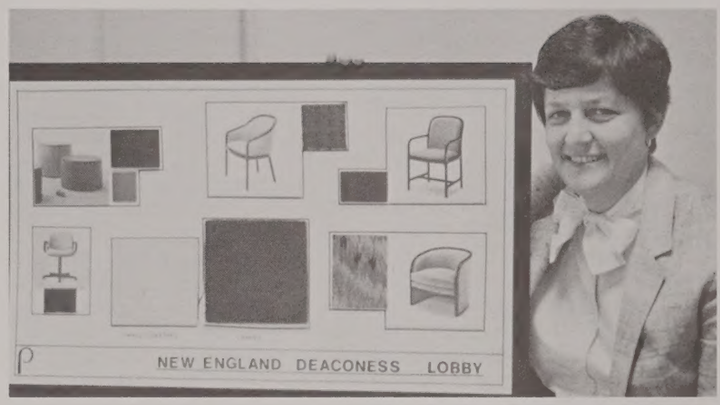
Alice Caputo, operating room technician, received her training here at the Deaconess. "I was in one of the first formal OR tech classes taught by Miss Burns (Margaret Burns, R.N., director of Surgical Services)," she says. Caputo particularly enjoys acting as a scrub person, handing instruments to the surgeon during an operation. "The job hasn't changed much over the years," she says, "except that we handle more cases every day than we used to. Every case is different; you're always learning something new."

James Burrows keeps the floors shining on Palmer 5.

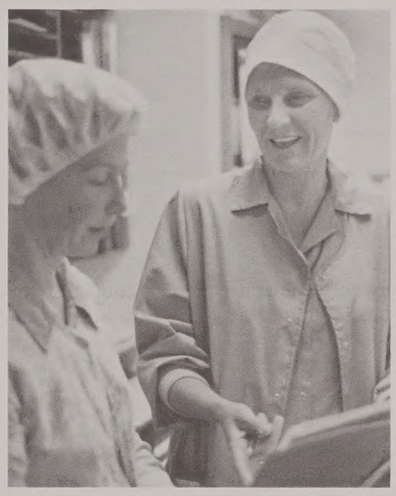
Alice Caputo chooses sutures before an operation.

Gail Graham, staff assistant to the director, is responsible for parking and transportation, the 306 Riverway apartment building, and the renovations to the Farr lobby. She started as secretary to Richard Lee, now hospital director, when he was assistant director and controller. She has held a number of administrative positions, and most recently was responsible for the hospital's interior design. "The Deaconess affords an opportunity to progress, to be challenged, to take on new responsibilities," says Graham. "It was a great place to work 20 years ago, and it's a great place today."

Barbara Wolchok, R.N., is assistant coordinator of the operating rooms. A graduate of the Deaconess School of Nursing, she started as a staff nurse, but transferred to the OR as soon as there was an opening. "The role of the OR nurse has changed," Wolchok says. "We're now involved in perioperative care, before and after the surgery as well as during the operation. We deal more with the patient as a whole person. Of course there is more technology than before. I remember when we did our first open heart surgery, and now we do 15 a week." Being a part of these changes, says Wolchok, has been "a growing experience."



Gail Graham displays the furniture and fabrics selected for the renovated Farr lobby.



Barbara Wolchok, R.N., (right) reviews charts with cardiac clinical leader Sharon St. Ledger, R.N.

Patent granted for NEDH-developed cancer test

New England Deaconess Hospital has been granted a patent for an experimental early bladder cancer detection method developed at the Cancer Research Institute (CRI). The test, which may someday be used to screen those at risk for developing bladder cancer, reveals the possible presence of a tumor much earlier than it may be indicated by such symptoms as blood in the urine.

The procedure was developed by Sally DeFazio, Ph.D., senior research associate, and James J. Gozzo, Ph.D., research associate, under the direction of Anthony P. Monaco, M.D., scientific director, CRI. Basically, the procedure measures the amount of cross-reacting protein (CRP) in the urine. "CRP is normally present in the urine in inflammatory situations," says Gozzo, "and a high concentration seems to be an indication of bladder cancer."

The presence of CRP in the urine is detected by using monoclonal antibodies. Antibodies are components of the body's immune system that bind to substances, called antigens, that provoke the immune response. Monoclonal antibodies are pure strains of a specific antibody — one that reacts with only one antigen. They are produced by hybridomas — cells made by fusing a normal antibody-producing cell with a tumor cell — which manufacture the specific antibody in great quantity.

In the test for CRP, a urine sample is added to a plate cultured with a monoclonal antibody that is specific for CRP. If CRP is present, it will bind with the antibody and stay on the plate when washed. Additional CRP antibody, which has been marked with an enzyme, is then added and binds with the CRP. The plate is washed again, which would remove the enzyme if CRP were not present; and finally a substrate (a substance that is chemically altered by the enzyme) is added. The substrate indicates the presence of the enzyme — and therefore of CRP — by changing color, and the intensity of the color change shows the concentration of CRP.

At present the test is used primarily for research. DeFazio and Gozzo are working on refinements of the technique that may give a more certain diagnosis, which may eventually be of direct benefit to patients.

"In order for an invention to receive a patent," says Joseph Flaherty, manager of the Office of Grants and Contracts, "it must be useful and it must be new, not being just a logical extension of the existing state of the art. Applying for a patent is a difficult, time consuming process — we initiated this proposal back in 1980 — but it's important to patent such

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news in brief

Richard Baptista, M.S., R.Ph., nutrition clinical pharmacist, co-authored an article on theophylline pharmacotherapy published in *American Pharmacy* and an article on selenium deficiency published in *The American Journal of Clinical Nutrition.* He also presented posters on selenium deficiency to the Massachusetts Society of Hospital Pharmacists and the New England Council of Hospital Pharmacists.

George L. Blackburn, M.D., director of the nutrition support service, spoke to the International Organization for Statistical Studies on Diseases of the Esophagus and the 12th Annual Minority Biomedical Research Support Symposium. Blackburn also was a visiting professor at Louisiana State University Medical School and distinguished medical alumni scholar at the University of Kansas.

Patricia Conway, R.N., renal nurse, recently spoke to the Nursing Department at Portsmouth (New Hampshire) Hospital on kidney and liver transplantation.

Judith M. Farias, R.N., assistant director of the School of Nursing; and **Susan H. Koegler, R.N.,** chairman of the second level, SON; were inducted into the Alpha Chi chapter of Sigma Theta Tau, the professional nursing sorority.

Carol Garant, R.N., clinical nurse specialist in psychiatry, spoke about caring for difficult patients at Our Lady of the Lake Regional Medical Center in Baton Rouge, Louisiana.

Suzanne Holloran, R.N., coordinator of staff education in the Department of Nursing, was appointed to the Cabinet on Continuing Education of the Massachusetts Nurses Association.

Roger L. Jenkins, M.D., surgeon, spoke on liver transplantation at the Maine Medical Center in Portland and the Southwest Organ Bank Organ Recovery Meeting in Dallas, Texas. He was also a guest speaker at a meeting of the New England Chapter of the American Liver Foundation.

Richard E. Lee, hospital director, has been elected chairman of the Conference of Boston Teaching Hospitals, an organization of 16 Boston-area hospitals.

Robert S. Lees, M.D., chief of peripheral vascular diseases, participated in a session on metabolism and presented a poster to a cardiovascular session at a joint meeting of the Association of American Physicians, the American Society for Clinical Investigation, and the American Federation for Clinical Research.

William V. McDermott, M.D. chairman of Surgery, spoke on a cooperative study of cancer in East Africa and North America to the joint annual meeting of the Massachusetts Medical Society and the Massachusetts chapter of the American College of Surgeons. At the same meeting, **Anthony P. Monaco, M.D.,** chief of transplantation, presented a paper and moderated a panel discussion at a session on organ transplantation.

Cheryl L. Moore, R.N., oncology nurse, published a paper on hyperthermia in *Oncology Nursing Forum.*

Susan Oberbeck-Friedlich, Lic. S.W., social worker, has been elected president of the New England Area Renal Social Workers.

Dorothy Ross, director of Marketing, published an article on targeting marketing efforts to particular audiences in the *Laubach and Rand Marketing Report.*

Ellison C. Pierce, M.D., chairman of Anaesthesia, co-edited *Analysis of Anesthesia Mishaps,* a volume of the International Anesthesia Clinics.

Albert L. Sheffer, M.D., chief of allergy, has been elected secretary of the national board of directors of the Asthma and Allergy Foundation of America. He is also chairman of the board of directors of the New England Chapter of AAFA.

Paul Sesin, Pharm.D., R.Ph., coordinator of pharmacy clinical services, spoke on drug-food interactions to the Maine Pharmaceutical Association's annual spring meeting and presented a paper on doxorubicin at the annual spring seminar of the Massachusetts Society of Hospital Pharmacists. Sesin also co-authored a paper on piperacillin evaluation published in *Hospital Forum.*

Charles Trey, M.D., chief of gastroenterology, is medical advisory committee chairman of the New England Chapter of the American Liver Foundation and was a guest speaker at one of the Foundation's meetings.

Russell Vasile, M.D., psychiatrist, presented a paper on brain imaging to the annual conference of the American Psychiatric Association. Also presenting papers at the conference were **Jackie Samson, Ph.D.,** and **John Mooney, M.D.,** psychiatrist.

Michael Wick, M.D., dermatologist, gave grand rounds for the "Skin Cancer Awareness Day" at the Veteran's Administration Hospital in Providence, Rhode Island, and presented a paper to the annual meeting of the American Association for Cancer Research.

Patent *(continued from page 5)*

developments to protect our inventors from losing the benefits of their work."

Flaherty says, "According to my information, this is the first patent the Deaconess has received. We have a number of other patent applications in process, which we hope will prove to be some very exciting developments for the Deaconess and our research efforts."

Moving? We'd like to know

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School of Nursing graduation

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Diana Bemis receives her pin from Ellen D. Howland, R.N., director of Nursing.

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